

CLAIMS PACKET

SHIPMENT #: _____ ☐ Household Goods ☐ Non-Temp Storage ☐ Hold Baggage

Now that you have timely filed your DD Form 1840/1840-R which identified those household goods that were lost, damaged, or destroyed during a Government-sponsored move, you are ready to file a monetary claim *for those items* against the United States Government for reimbursement.

This office adjudicates and pays claims involving eligible beneficiaries of Department of the Army and Department of Defense. Claims involving members of other branches of service will be transferred to the office having jurisdiction for adjudication/payment. Information on local claims offices is as follows:

BRANCH OF SERVICE	MAILING ADDRESS	PHONE NUMBER	FAX NUMBER
USA	OFFICE OF THE STAFF JUDGE ADVOCATE (*) ATTN: CLAIMS BRANCH 2257 HUBER ROAD FORT G. MEADE, MD 20755-5030	(301) 677-9898/9960	(301) 677-9686
USN	DEPARTMENT OF THE NAVY NAVAL LEGAL SERVICE OFFICE NORTH CENTRAL ATTN CLAIMS DIVISION 2961 MITSCHER ROAD STE 102 WASHINGTON DC 20373-5840	(202) 685-1194	(202) 685-0099
USAF	DEPARTMENT OF THE AIRFORCE 89 TH AW/JAD 1535 COMMAND DR STE AA 209 ANDREWS AFB MD 20762-7002	(301) 981-6696	(301) 981-6697
USMC	COMMANDANDT OF THE MARINE CORPS MANPOWER & RESERVE AFFAIRS MPR-2 3280 RUSSELL ROAD QUANTICO, VA 22134-5103	(703) 784-9533	(703) 784-9827

DATES TO REMEMBER:

☐ **Within 70 DAYS** _____ From the date of delivery: A properly-completed DD Form 1840 ("Joint Statement of Loss or Damage at Delivery" -and- the reverse side (DD Form 1840-R) "Notice of Loss or Damage" MUST BE received in a Claims Office. *In order to receive the Claims Packet*, you must have already complied with this time requirement to identify the specific item(s) to be claimed. You can use photographs to substantiate all visible damages; please take pictures of the entire item and the damaged area.

☐ **Within 45 DAYS** - From the DD 1840-R filing date: The carrier and the claims office have the right to inspect your items listed on the form. **Cooperation with the carrier is essential.** It is always best to check with us before you dispose of or repair any item.

☐ **Within 2 YEARS** _____ From the date of delivery: In order to file your claim, a properly completed Claims Packet along with all documents checked on the Claims Documents Checklist must be received in a Claims Office.

☐ **Within 90 DAYS** - From the date of the adjudication letter: **You must physically retain any damaged items for which you are claiming replacement**, unless prior approval to dispose of the item has been granted by the Claims Office. The carrier (moving company) and/or the Government have salvage rights to those items.

☐ **INSURANCE:** You are required to reveal if you obtained: ☒ **Option "1"** or ☒ **Option "2"** **Carrier Insurance**, which may have covered or partially covered your household goods during this Government-sponsored shipment.

☐ **APPOINTMENTS:** Once all items on the "Claims Documents Checklist" (on the reverse side) are obtained and/or completed, call the Office of the Staff Judge Advocate Claims Office* (above) at: **(301) 677-9898/9960** for an appointment (**available: Mon-Wed-Thu-Fri between 0800 -1100 hours**). A special time will set aside for you to meet with a Claims Examiner who will review your claim, item-by-item, explaining the amount allowed by regulation through use of the current Depreciation Schedule. All claims are then reviewed and the Chief, Claims Branch/Attorney-Advisor, then certifies approved amounts. Normally, within 2-3 weeks of your appointment, you will receive a direct deposit or a check issued via first-class mail from the servicing Defense Finance and Accounting Service (DFAS).

CLAIMS DOCUMENTS CHECKLIST

When you have completed and compiled the following checked items on this checklist, please call **(301) 677-9898 or 9960** to obtain an adjudication appointment. Slots are available M-W-Th-F between 0800 and 1100 hours for your convenience.

☐ **DD FORM 1840/1840-R:** A personal copy of this "pink" form was provided to you at the time of your shipment. A Claims Office must timely receive it within 70 calendar days of delivery. Please bring it with you at the time of your appointment.

☐ **DD Form 1842:** ("Claim for Loss Of Or Damage To Personal Property Incident to Service") This is the basic claim form listing shipment information regarding movement of your goods. Please answer the "Yes"/"No" questions about your personal property, read the perjury statement, and sign and date the form. Parts II and III are for use by your Claims Adjudicator and Approving Authority. (The reverse side carries the Privacy Act Statement and Instructions to Claimants.) **Please also refer to the attached example of how to complete the form.**

☐ **DD Form 1844:** ("List of Property and Claims Analysis Chart") It is helpful to list each line item in the order as they appear on the front/back of DD Form 1840/1840-R "pink" form. Please do not use the term "gift", "inherited," or "unknown" and do not leave a blank space. **Refer to attached example of how to complete the form.**

☐ **GOVERNMENT-OFFICIAL ORDERS:** Attach a legible copy of your official orders, which authorized shipment of your personal property. Also, provide a legible copy of any amendments to your orders.

☐ **SHIPPING INVENTORY:** Bring the original Shipping Inventory with you to your appointment. We will need the entire inventory, not just the portion that pertains to your loss or damage.

☐ **GOVERNMENT BILL OF LADING (GBL) SF 1203- OR SERVICE ORDER DD FORM 1164:** A copy may generally be obtained through Transportation. Contact Fort Belvoir at 1-800-762-7186 or 703-806-4900; should you have any problem contacting that office, please call our office for further assistance. If your move is local, please provide us with a copy of SF 1034A "Public Voucher for Purchases and Services."

☐ **WRITTEN REPAIR ESTIMATES:** Generally only required for that item expected to be \$100 or more. If you have multiple pieces of furniture that are damaged in the same shipment, we only need one estimate of repair statement. If the Repair firm states the item is damaged beyond repair, please include comparable replacement cost substantiation when you file your claim.

☐ **REPLACEMENT COST:** Generally only required for missing or damaged items beyond repair valued at \$100 or more. Acceptable replacements cost examples are: A page taken from a current store catalog (AAFES, J.C. Penney, etc.) and/or a written statement from a local business on their stationery. This normally will be the figure from which depreciation is calculated.

☐ **ELECTRONIC REPAIR REPORT:** Completion of this form is required by a certified repair technician for all claims \$100.00 or more relating to Government-sponsored shipment damage to TV's, VCR's, Stereo components, Computers/computer components, CD players, etc. Included in the Repair Report must be a statement specifying the nature and severity of the damage along with a determination as to the possible cause(s) of both exterior and interior damage to the item. A separate form is required for each electronic item.

☐ **ELECTRONIC ITEMS** A written repair estimate is also required for damaged electronic items. Damaged electronic items with a replacement value of less than \$100.00 do not require an estimate.

☐ **REIMBURSEMENT FOR ESTIMATE FEES:** Some businesses will charge you *up front* to give a written repair estimate for your damaged item. If the business has a refundable estimate fee; (i.e., they will apply the estimate fee paid towards repair of your item), then you may not include the estimate fee in your Government claim. If however, the business' estimate fee is *non-refundable* (they do not have a policy of applying your estimate fee towards actual repair of your item), you may then include the amount of the estimate fee paid as a line item on your DD Form 1844.

☐ **CLAIMANT'S STATEMENT:** For any electronic item that incurred internal damage *but no significant external damage*, the claimant must provide a written statement validating the working condition of the electronic item before shipment.

☐ **PROOF OF OWNERSHIP:** Only required for missing items valued at \$100 or more, which were not individually listed on the Shipping Inventory. Acceptable proof of ownership documentation: The original purchase receipt for the item, itemized credit card account statement, photographs, videotape, or any other document deemed valid by claims personnel.

☐ **POWER OF ATTORNEY:** Required if someone other than the sponsor signs the DD Form 1842.

☐ **DD Form 619/619-1: "Statement of Accessorial Services Performed"** Provided for item re-assembly by the carrier at destination.

☐ **DD Form 1299: "Application for Shipment and/or Storage of Personal Property"** This form is necessary if you had your household goods placed in non-temporary storage for long term.

☐ **DD Form 1797 "Personal Property Counseling Checklist"** If applicable.

☐ **DD Form 1780/1841 "Government Inspection Report"** If the inspection Branch of JPPSO performed a government inspection, we will need one copy of the report.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER	
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)		
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED		
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) PURSUANT TO ORDERS, MY HOUSEHOLD GOODS/HOLD BAGGAGE WERE PICKED UP AT <div style="text-align: right; margin-right: 100px;">ON _____</div> <div style="display: flex; justify-content: space-between;"> _____ [STREET ADDRESS] _____ [CITY] _____ [STATE] _____ [DATE] </div> BY _____ FOR SHIPMENT AND /OR STORAGE UNDER GBL NUMBER: <div style="text-align: center; margin-top: 10px;"># _____</div> <div style="text-align: center; margin-top: 10px;">[GOVT BILL OF LADING #]</div> <div style="text-align: right; margin-right: 100px;">ON _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ [STREET ADDRESS] _____ [CITY] _____ [STATE] _____ [DATE] </div> BY _____ [NAME OF CARRIER].				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			<input type="checkbox"/>	<input type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			<input type="checkbox"/>	<input type="checkbox"/>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input type="checkbox"/>	<input type="checkbox"/>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input type="checkbox"/>	<input type="checkbox"/>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.				
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (YYYYMMDD)	

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
d. DATE SIGNED (YYYYMMDD)		
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

a. TYPED NAME		b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
25. APPROVING/SETTLEMENT AUTHORITY (Settlement Authority is required for denial.)				
a. CLAIMS EXAMINER		b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
25. SIGNATURES				
23. DENIAL (X if applicable) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		24. SUPPLEMENTAL PAYMENT (X and complete if applicable) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$		

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

- Office.
4. You may obtain further information from a Claims Office within 70 days after delivery.
3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.
2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (such as a spouse) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.
1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

5. You are entitled to claim the following:
- a. Reasonable local repair cost, if an item can be economically repaired. (You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.)
- b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.)
- c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (Normally, you may not claim appraisal fees.)

INSTRUCTIONS TO CLAIMANTS

- DISCLOSURE:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.
- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
 - (2) Collection from claimants of improper payments or overpayments.
 - (3) Investigation of possible fraudulent claims.
 - (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.
- ROUTINE USES:**
- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
- PRINCIPAL PURPOSE(S):** Filing, investigation, processing and settlement of claims for losses incident to service.
- AUTHORITY:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).
- PRIVACY ACT STATEMENT**

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) SOLDIER, Emma I.	2. BRANCH OF SERVICE U.S. ARMY	3. RANK OR GRADE SPC/E-4	4. SOCIAL SECURITY NUMBER 111-22-3333
5. HOME ADDRESS (Street, City, State and Zip Code) 1234 PARADISE LANE FORT LIVING ROOM, MD 21221		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) U.S. ARMY SECRETS COMMAND (USASECOM) FORT LIVING ROOM, MD 20755	
7. HOME TELEPHONE NO. (Include area code) (410) 123-4567	8. DUTY TELEPHONE NO. (Include area code) (301) 677-1111	9. AMOUNT CLAIMED \$1,234.00	

10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)

PURSUANT TO ORDERS, MY HOUSEHOLD GOODS/HOLD BAGGAGE WERE PICKED UP AT
1962 Warrior Road [STREET ADDRESS] **Patriot** [CITY] **PA** [STATE] ON **31 OCT 04** [DATE]
 BY **Spastic Movers** [NAME OF CARRIER] FOR SHIPMENT AND /OR STORAGE UNDER GBL NUMBER:
 # **JP-123456** [GOVT BILL OF LADING #] MY HOUSEHOLD GOODS / HOLD BAGGAGE WERE DELIVERED TO ME AT
1234 Paradise Lane [STREET ADDRESS] **H. Livingroom** [CITY] **MD** [STATE] ON **30 NOV 04** [DATE]
 BY **Gentle Hands Moving** [NAME OF CARRIER].

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent) J. Emma Soldier * S * A * M * P * L * E *	18. DATE SIGNED (YYYYMMDD) 20050101
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED (YYYYMMDD)

- SAMPLE -

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

1. NAME OF CLAIMANT (Last, First, Middle Initial) SOLDIER, EMMA I.		3. PICK-UP DATE (YYYYMMDD) 2004/10/31															
2. CLAIMANT'S INSURANCE COMPANY (If applicable)		4. DELIVERY DATE (YYYYMMDD) 2004/11/30															
a. NAME NONE		b. POLICY NO. N/A															
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	2	COFFEE CUPS -BROKEN	22	12.00 03/99	4.00												
2	1	GLASS TABLETOP -BROKEN	45	250.00 04/00	250.00												
3	9	COMPACT DISCS MISSING	11	100.00 08/97	130.00												
4	1	ANTIQUE (1776*) CEDAR CHEST MISSING (FAMILY HEIRLOOM) (PLEASE USE A CERTIFIED ANTIQUE DEALER FOR YOUR ESTIMATE)	291	5000.00 1776*	500.00												
5	1	SOLID OAK** SCHRANK SIDE GOUGED, TOP CORNER DENTED, HARDWARE MISSING.	115	6500.00 08/05	700.00												
6	1	TELEVISION, SONY 36 INCH -SCREEN CRACKED -NO PICTURE	134	995.00 07/99	600.00												
7	1	6' BROYHILL SLEEPER SOFA TORN RIGHT BOTTOM CORNER UPHOLSTERY TORN.	400	550.00 05/03	80.00												
8	1	ESTIMATE FEE	N/A	N/A	N/A												
12. REMARKS *PLEASE IDENTIFY FURNITURE ITEMS TYPE: SOLID WOOD, VENEER, PARTICLE BOARD, ETC. * ALL DATES MUST BE FILLED IN.		13. TOTAL \$		130.00													
		30. TOTAL AMOUNT ALLOWED		\$													
		31. THIRD PARTY LIABILITY		\$													

OFFICE USE ONLY

1. NAME OF CLAIMANT (Last, First, Middle Initial)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

2. CLAIMANT'S INSURANCE COMPANY (If applicable)

a. NAME

b. POLICY NO.

3. PICK-UP DATE
(YYYYMMDD)

4. DELIVERY DATE
(YYYYMMDD)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR

5. LINE QTY

7. LOST OR DAMAGED ITEMS
(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")

8. INV NO.

9. ORIGINAL COST

10. MM/YYYY PURCHASED

11. AMOUNT CLAIMED
a. Repair Cost
b. Replacement Cost

15. INVENTORY DATE
(YYYYMMDD)

16. EXCEPTIONS

18. EXCEPTION SHEET
DATE (YYYYMMDD)

19. INV NO.

20. EXCEPTIONS

23. GBL NUMBER

25. AMOUNT ALLOWED

26. ADJUDICATOR'S REMARKS

27. ITEM WT

28. HOUSE LIABILITY

29. CARRIER LIABILITY

12. REMARKS

13. TOTAL \$

30. TOTAL AMOUNT ALLOWED \$

31. THIRD PARTY LIABILITY \$

\$

\$

1. NAME OF CLAIMANT (Last, First, Middle Initial)

3. PICK-UP DATE
(YYYYMMDD)

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
(Items 14 through 31 to be filled out by Claims Office)

2. CLAIMANT'S INSURANCE COMPANY (If applicable)

4. DELIVERY DATE
(YYYYMMDD)

14. ORIGIN CONTRACTOR

17. 2ND CONTRACTOR

21. CLAIM NUMBER

22. NET WT/MAX CAR

a. NAME b. POLICY NO.

5. 6. 7. LOST OR DAMAGED ITEMS

8. INV NO. 9. ORIGINAL COST 10. MM/YYYY PURCHASED

11. AMOUNT CLAIMED (of) a. Repair Cost b. Replacement Cost

15. INVENTORY DATE (YYYYMMDD)

18. EXCEPTION SHEET DATE (YYYYMMDD)

23. GBL NUMBER

24. LOT NUMBER

LINE QTY NO. (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")

16. EXCEPTIONS

19. INV NO. 20. EXCEPTIONS

25. AMOUNT ALLOWED

26. ADJUDICATOR'S REMARKS

27. ITEM WT

28. HOUSE LIABILITY 29. CARRIER LIABILITY

12. REMARKS

13. TOTAL \$

30. TOTAL AMOUNT ALLOWED \$

31. THIRD PARTY LIABILITY

\$

\$

ELECTRONIC/ELECTRICAL REPAIR REPORT

(To be completed by a qualified repair technician)

Prepared By: Office of the Staff Judge Advocate, Claims Branch, 2257 Huber Road, Wing C, Fort Meade, MD 20755-5030
TELEPHONE: (301) 677-9898 **TELEFAX:** (301) 677-9686

Use: Information provided on this form is used to determine whether damage to an electronic item resulted from mishandling during shipment, if the damage was fair wear and tear, or a manufacturer's defect.

Instructions to Claimant: Present this form to a repair facility of your choice for inspection of your damaged electronic/electrical item in order to obtain an estimate of repair. Please use one Repair Report per electronic/electrical item.

Instructions to Repair Technician: Complete this form in its entirety to the best of your ability. Please *print*.

CUSTOMER/CLAIMANT'S NAME:

1. Repair Facility's Name & Address: _____

2. Repair Facility's Telephone Number: _____

3. Repair Facility's Point of Contact: _____

4. Item Examined:

a. Type Of Item: _____

b. Manufacturer Name: _____

c. Model: _____

d. Age: _____

5. Was there EXTERNAL DAMAGE to the item listed above? ☐ YES ☐ NO
(If "yes," please describe): _____

6. Were there damaged or broken internal components to the item? ☐ YES ☐ NO
(If "yes," please describe): _____

7. In your opinion, what do you think caused the external damage or the damaged or broken internal components to this electronic/electrical item? ☐ I Don't Know/Not Sure ☐ Fair Wear and Tear

☐ OTHER: I think the damage was caused by: _____

8. I estimate the cost to repair* the item is \$ _____ + \$ _____ = \$ _____
(Parts) (Labor) TOTAL

Repair Person's Signature: _____ Date: _____

(*) Attach an itemized list

CURRENT LISTING OF LOCAL REPAIR COMPANIES

(Updated as of May 2005)

This list of repair companies is not intended to be exhaustive or exclusive of all repair facilities in the local area. We do not recommend or endorse these companies as to the reliability, professionalism, or quality of work performed. This list is provided merely as a courtesy in assisting members of the Fort George G. Meade community in identifying local repair establishments in order to finalize claims presented to this office. You are welcome to use the yellow pages.

UPHOLSTERY & REPAIR:

OCEAN UPHOLSTERY & FURNITURE REPAIR

201 Gloucester Drive
Glen Burnie, MD 21061
Phone: (410) 787-0526/0187

CHEM CLEAN FURNITURE RESTORATION

9749 Washington Blvd & Route 1
Laurel, MD 20723
Phone: (301) 953-1650

Beglieter Upholstery, Repair & Refinishing Co.*

6801 Reisterstown Road
Baltimore, MD 21215
Phone: (410) 764-7467

JACK BOYD'S CUSTOM FURNITURE *

8207 Cloverleaf Drive
Millersville, MD 21108
Phone: (410) 969-0200
(OFF BASE ONLY)

WILSON, David B.

1927 Benhill Avenue
Baltimore, MD 21226
Phone: (410) 465-0806

REFINISHING:

JOSEPH'S REFINISHING

9176 Red Branch Road
Columbia, MD 21045
Phone: (800) 626-3209
410-997-5550

REFINISHING MASTER*

4013 Mountain Road
Pasadena, MD 21122
Phone: (410) 437-2745

THE FINISHING TOUCH*

10831 Railroad Avenue
Cockeysville, MD 21030
Phone: (410) 584-2780
(Northern Baltimore area)

THE STRIP SHOP

706 North Crain Highway
Glen Burnie, MD 21061
Phone: (410) 766-0386

(Must take to shop)

MARBLE:

TROIANO ANTONIO TILE MARBLE CO INC

10742 Tucker Street
Beltsville, MD 20705
Phone: (301) 937-8010

ELECTRONICS:

GRACIE APPLIANCE SERVICE

512 North Crain Highway
Glen Burnie, MD 20707
Phone: (410) 255-6393

PANASONIC FACTORY SVC CTR

62 Mountain Road
Glen Burnie, MD 21060
Phone: (410) 76-03545

GLASS:

LAUREL MIRROR & GLASS

337 Main Street
Laurel, MD 20707
Phone: (301) 498-7110
Inches verses Metrics

HUMMEL & LLADRO:

MARY ELLEN HEIBEL ASA, ISA Appraiser of Antique Furnitures & Decorative Arts

Phone: (410) 269-5909/267-7708

BICYCLE REPAIR & SERVICES:

LAUREL BICYCLE CENTER

14805 Baltimore Avenue
Laurel, MD 20707
Phone: (301) 490-7744
-No Charge for Estimate-

CLOCKS:

LOOSE ENDS

MR. BOB GUNNING
922 Shelly Road
Towson, MD 21286
Phone: (410) 823-1432
(\$60 non-refundable for house calls)

DANEKER'S CLOCK

8138 Loch Raven Boulevard
Towson, MD 21286
Phone: (410) 825-4359
-No Charge for Estimate-

HANDS OF TIME, LTD

Clocks & Collectibles
8600 Foundry Street
Savage, MD 20763
Phone: (410) 880-4760
(301) 206-3281

TELEVISIONS & VCR'S:

BELMONT TV/VCR

9101 Marshall Avenue
Laurel, MD 20707
Phone: (301) 498-5600

ODENTON TV

1652 Annapolis Road
Odenton, MD 21230
Phone: (410) 551-9011

UNIVERSAL TV

2534 Mountain Road
Pasadena, MD 21122
Phone: (410) 255-2686

COMPUTERS:

MID-ATLANTIC SYSTEMS

8377 Piney Orchard Parkway
Odenton MD 21113
Phone: (410) 551-9815

CHINA & FLATWARE:

REPLACEMENT, LTD

P O Box 26029
Greensboro, NC 27420
Phone: (800) 367-9690

Please let us know how these establishments treated you. Feel free to refer other businesses you would like to recommend to be added to this list.

(*) = Estimate Refundable

ELECTRONIC FUND TRANSFER

- AUTHORIZATION FORM -

PRIVACY ACT STATEMENT

AUTHORITY: 31 CFR 209 and/or 210 and Executive Order 9397, November 1943 (SSN).

PURPOSE: Payment of settled claims for personal property losses incident to service.

ROUTINE USES: Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Social security numbers are used to assure correct identification of claimants for disbursement to the proper individual and to avoid duplication of payments.

DISCLOSURE: Voluntary; however, failure to supply information may result in delay/ denial or prevent processing of payments through the EFT program.

1. CLAIMANT INFORMATION

SOCIAL SECURITY NUMBER (SSN):

CLAIMANT NAME:

WORK PHONE:

HOME PHONE:

2a. TYPE OF ACCOUNT

☐ Checking ☐ Savings

2b. TYPE OF PAYMENT

☒ Claims Payment

☐ Net Pay

☐ Travel

3. DIRECT DEPOSIT ACCOUNT INFORMATION

A voided personal check may be attached in lieu of completing this section. Please see instructions on the bottom of this form.

ROUTING TRANSIT NUMBER:

ACCOUNT NUMBER:

ACCOUNT HOLDER'S NAME:

FINANCIAL INSTITUTION NAME:

4. AUTHORIZATION



CLAIMANT SIGNATURE

DATE



INSTRUCTIONS:

JOHN J. TAXPAYER
MARY S. TAXPAYER
900 N 500 W
My Town, UT 84000

1234

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

MY TOWN BANK
My Town, UT 84000

Routing number: 250250025
Account number: 000009876543
Do not include the check number

FOR _____

250250025 000009876543 1234

Enter routing number: 250250025
Enter account number: 000009876543

What type of account is it?
☒ Checking account ☐ Savings account